DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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| OF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|--|--|--|--|---|--|
| | 345302 | B. WING | | | C 12/16/2020 | |
| NAME OF PROVIDER OR SUPPLIER VERO HEALTH & REHAB OF SYLVA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 417 CLOVERDALE ROAD SYLVA, NC 28779 | | | |
| SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | (EACH CORRECTIVE ACTION SI | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE | | |
| Initial Comments | | E 00 | 00 | | | |
| An unannounced COVID-19 Focused Survey was conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XG8V11. INITIAL COMMENTS | | F 00 | 00 | | | |
| An unannounced CC Control Survey and c conducted on 12/15/3 facility was found in c 483.80 infection cont implemented the CM Control and Preventi | OVID-19 Focused Infection complaint investigation were 20 through 12/16/20. The compliance with 42 CFR rol regulations and has S and Centers for Disease on (CDC) recommended | | | | | |
| DIRECTOR'S OR PROVIDER | SLIDDLIER REDRESENTATIVE'S SIGNATUR | RE | TITLE | | (X6) DATE | |
| | ROVIDER OR SUPPLIER ALTH & REHAB OF SYL SUMMARY ST (EACH DEFICIENC REGULATORY OR Initial Comments An unannounced CO was conducted on 12 The facility was found §483.73 related to E- Subpart-B-Requirem Facilities. Event ID# INITIAL COMMENTS An unannounced CO Control Survey and of conducted on 12/15/2 facility was found in of 483.80 infection cont implemented the CM Control and Preventic practices to prepare to XG8V11. | ROVIDER OR SUPPLIER ALTH & REHAB OF SYLVA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XG8V11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# XG8V11. | ALTH & REHAB OF SYLVA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XG8V11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# | ROWIDER OR SUPPLIER ALTH & REHAB OF SYLVA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY WING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR \$483.73 related to 5-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# XG8V11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR \$483.73 relation control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# XG8V11. | A BUILDING BUPPLIER ALTH & REHAB OF SYLVA SUMMAY'S STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR \$483.73 related to E-0024 (b)(6). Subpart-B-Requirements for Long Term Care Facilities. Event ID# XGBV11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 12/15/20 through 12/16/20. The facility was found in compliance with 42 CFR \$483.73 related to E-0024 (b)(6). Subpart-B-Requirements for Long Term Care Facilities. Event ID# XGBV11. INITIAL COMMENTS F 000 | |

Electronically Signed 12/23/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.